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| **Day/****Time** **(When?)** | **Situation Triggering the Thought****(What were you doing?)** |  **Feelings****(Physical? / Emotional?)** | **Stress** **Level****(1-10)** | **Describe the Thought****(What I was thinking…)** | **Coping Strategy****(What I did or What I told myself** **to try to cope with this stress)** |
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